

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25668**

FILED JUL 23 1957

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5941		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Miller Twnship		c. LENGTH OF STAY (in this place) many Yrs		c. CITY OR TOWN Rural-Rolla		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vichy Star Route Five miles north of Rolla				e. STREET ADDRESS (If rural, give location) Vichy Star Rt. Rolla, Mo., 65810			
3. NAME OF DECEASED (Type or Print) LULA			a. (First)		b. (Middle) DUN CAN		c. (Last)
4. DATE OF DEATH 11 July, 1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH 24 Aug. 1889		9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		11. BIRTHPLACE (City and State or Foreign Country) Osage County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Robert A. Duncan		13b. MOTHER'S MAIDEN NAME Augusta Hicks		14. NAME OF HUSBAND OR WIFE Never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Mrs. Sylvia Moore, Buffalo, Mo.		ADDRESS 9291	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Drowning DUE TO (c) Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9291				INTERVAL BETWEEN ONSET AND DEATH Immediate	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, place of business, etc.) farm land		21c. (CITY, TOWN, OR TOWNSHIP) Miller Township Phelps Mo		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 11, 1957		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell into farm pond			
22. I hereby certify that I attended the deceased from July 11, 1957 , to July 13, 1957 , that I last saw the deceased on July 13, 1957 and that death occurred at 7 P. m., from the causes and on the date stated above.							
23a. SIGNATURE S. B. Moore		(Degree or title)		23b. ADDRESS Rolla Mo		23c. DATE SIGNED 7/13/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 14 July		24c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery		24d. LOCATION (City, town, or county) (State) No. of Rolla, Mo.	
DATE REC'D BY LOCAL REG. July 15, 1957		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE N. & Sons Funeral Home		ADDRESS Rolla Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 764

Date Filed JUL 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *E. J. M. M. M.*

Licensed Embalmer No. 3394

P. O. Address *Rolla, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.